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BRIXWORTH RURAL  
DISTRICT COUNCIL

ANNUAL  
REPORT  
OF THE  
MEDICAL OFFICER  
OF HEALTH  
FOR THE  
YEAR 1952

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H. A. HAMILTON SUMMERS,  
M.B., B.Ch., B.A.O., D.P.H.



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TO THE CHAIRMAN AND COUNCILLORS  
OF THE RURAL DISTRICT OF BRIXWORTH.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the health and sanitary circumstances of the Brixworth Rural District for the year 1952.

The Vital Statistics of the District, used as a criterion, would appear to indicate once again that the general standard of health of the population has remained very satisfactory. The Standardised Birth Rate of 15.52 per thousand compares favourably with the figure of 15.3 for England and Wales, and shows evidence of becoming fairly steady around a figure rather better than that ascertained for the years immediately pre-war. The inflated rates for 1944, 1946 and 1947 have not been repeated but the "bulge" created by the larger number of children born during those years is now leading temporarily to varying degrees of difficulty in finding accommodation for them in local schools.

The Crude Death Rate of 8.74 per thousand remains satisfactory but in future this rate is likely to show a rise owing to the increasing proportion of old people whose deaths take place in the district, whether in their own homes or in other establishments, very few being transferred out to other districts as has been the custom so far. The Mortality Table in Section A illustrates that the principal causes of death continue to be Heart disease of one kind or another, Cancer, Cerebral Haemorrhage, and Bronchitis. It will be appreciated that, since these conditions are most commonly found in elderly people, as the proportion of these to the total population grows, so the morbidity rate of these conditions should tend to rise. Better care at all stages of life can only

continue to reduce death rates significantly among the lower age groups, although it can affect the higher groups insofar as it encourages longevity.

The Infectious Disease figures for the year show that a total of 364 cases were reported, one less than for the year 1951. Of these no less than 273 were Measles, representing 75% of the total. Other infectious diseases included 9 cases of Food Poisoning which were really the "carry-over" from the previous year of the severe outbreak which was fully described in the annual report for 1951. It is worth noting that only one case of Infantile Paralysis was reported compared with four in the previous year.

Progress was well maintained with regard to Sanitary matters and full details can be studied in Section C of this report.

Post-war housing schemes were pressed on with during the year and altogether 38 houses were completed, making a total of 396 since the programme was embarked upon. Work was started on a further 74 houses. In Section D will be found further information about the slum clearance and re-housing campaign which was commenced in the previous year. The progress to the end of the year would suggest that living standards throughout the rural district as a whole should have attained a very high order within the foreseeable future, provided that schemes for sewage disposal in all villages where facilities are not already adequate can be carried out without too much delay.

I have the honour to be,

Your obedient Servant,

H. A. HAMILTON SUMMERS.

August, 1953.

Medical Officer of Health.

B R I X W O R T H   R U R A L   D I S T R I C T

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C O U N C I L

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MEMBERS OF THE PUBLIC HEALTH COMMITTEE

Mr. W. Wood (Chairman)

Mr. E.A. Turney

Mr. C.M. Newton  
(Vice-Chairman of the  
Council)

Mr. O.E.P. Wyatt  
(Chairman of the  
Council)

Mrs. V.G. Borwick

Mr. N. Heeps  
(Deputy-Chairman)

Mrs. V.C. Harris

Mr. A.S. Tarrant

Mr. H. Kimbell

Mr. W.A. Holland

Mr. C.H. Graveley

Mr. E.T. Gardner

Hon. Mrs. Macdonald-  
Buchanan

Canon J. Hotine

Mr. A.E. Curtis

Mr. G.G. Carruthers

Mr. L. Cave

Mr. C.L. Fraser

Mr. J.R. Hart

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY

Medical Officer of Health :

H. A. HAMILTON SUMMERS, M.B., B.Ch., B.A.O., D.P.H.,

also holds appointments of  
Medical Officer of Health, Daventry Rural District  
Council, Daventry Borough Council, and Assistant  
County Medical Officer of Health.

Senior Sanitary Inspector :

F. A. RUSSELL, F.F.S., M.S.I.A.

Assistant Sanitary Inspector :

R. S. LINLEY.

# SUMMARY OF VITAL STATISTICS

Area (in acres) .....	82,944
Population .....	17,840
Number of Separate Dwellings occupied .....	5,400
Rateable Value 1952 (April) .....	£97,355
Product of a Penny Rate .....	£370. 13. 0.

<u>LIVE BIRTHS</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Rate per 1000</u>
				<u>estimated population</u>
Legitimate .....	256	141	115)	
Illegitimate .....	7	2	5)	14.78
	<u>263</u>	<u>143</u>	<u>120</u>	

<u>STILL BIRTHS</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Rate per 1000</u>
				<u>estimated population</u>
	3	1	2	0.16

## DEATHS

(all causes) 156 78 82 8.74

## DEATHS FROM Puerperal Causes

Puerperal and post abortive sepsis Nil

Other Puerperal causes Nil

## INFANT MORTALITY

Rate

Deaths under 1 year per 1,000 live births - 22

		<u>Male</u>	<u>Female</u>	<u>Total</u>
DEATHS from Cancer				
(all ages) .....	6	16	22	
" " Measles	-	-	Nil	
(all ages) .....	-	-		
" " Whooping Cough	-	-	1	
(all ages) .....	-	-		
" " Diarrhoea	-	-	Nil	
(under 2 years) .....	-	-		

SUMMARY FOR PREVIOUS YEARS

Year	Estimated Population	<u>Births</u>		<u>Deaths</u>			
		No.	Crude Rate	No.	<u>Under 1 year</u> Rate	No.	All Ages Crude Rate
1941	-	-	-	-	-	-	-
1942	16510	290	17.56	-	31.03	195	11.8
1943	-	282	17.47	-	49.64	241	14.93
1944	-	325	20.23	-	39.91	242	15.06
1945	15530	279	17.9	-	53.0	187	12.04
1946	15600	321	20.58	10	31.15	203	13.01
1947	15740	338	21.47	10	29.58	211	13.46
1948	18020	262	14.54	6	22.90	212	11.76
1949	17170	259	15.08	8	31.00	203	11.82
1950	17240	265	15.37	5	19.00	201	11.66
1951	17730	291	16.41	9	30.93	191	10.72
1952	17840	263	14.78	6	22.81	156	8.74

## SECTION A.

### NATURAL AND SOCIAL CONDITIONS

AREA - (82,944 acres). The district continues to be almost entirely rural in character, agricultural and dairy farming being the principal industries carried on. Open-cast workings for ironstone are still active in the vicinity of Brixworth and Pitsford. The natural configuration of the district and the nature of the terrain has led to the construction of several large reservoirs, the property of the Mid-Northants Water Board.

POPULATION. The Registrar General has estimated the population for the mid-year 1952 to be 17,840, an increase of 110 in the population for the previous year. The natural increase in population, the excess of births over deaths, was 100.

DEATHS. The total number of deaths, assigned to the district for the year was 156 compared with 191 in 1951. The crude death rate based on the mid-year population was 8.74 compared with 10.72 in the previous year. The following table has been compiled for comparison with previous years :-

Years	Total	Male	Female	Recorded
				Rate
1946	203	96	107	13.01
1947	211	110	101	13.46
1948	212	108	104	11.76
1949	203	99	104	11.82
1950	201	100	101	11.66
1951	191	93	98	10.72
1952	156	78	82	8.74

In order to compare the mortality in the District with the mortality for England and Wales it is necessary to make a correction, to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the District an "Area Comparability Factor" which has been estimated by the Registrar General as 0.81 for this District.

The Standardised Death Rate, therefore is 7.07 which compares extremely favourably with that of 11.3 for England and Wales.

M O R T A L I T Y   T A B L E

Based on the Abbreviated List of the  
International Statistical Classifications of  
Diseases, Injuries and Causes of Death, 1948.

<u>Causes of Death</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
1. Tuberculosis, respiratory	2	-	2
2. Whooping Cough .. ..	1	-	1
3. Malignant neoplasm, stomach	1	-	1
4. Malignant neoplasm, lung, bronchus .. ..	2	-	2
5. Malignant neoplasm, breast	-	4	4
6. Malignant neoplasm, uterus	-	3	3
7. Other malignant and Lymphatic neoplasms	3	9	12
8. Vascular lesions of nervous system .. ..	11	23	34
9. Coronary disease, angina	13	8	21
10. Hypertension with heart disease .. ..	2	1	3
11. Other heart disease .. ..	12	17	29
12. Other circulatory disease	4	2	6
13. Pneumonia .. .. ..	4	1	5
14. Bronchitis .. .. ..	2	3	5
15. Other diseases of respiratory system ..	-	1	1
16. Ulcer of stomach and duodenum	1	-	1
17. Nephritis and nephrosis ..	1	1	2
18. Hyperplasia of prostate ..	1	-	1
19. Congenital malformations	1	-	1
20. Other defined and ill-defined diseases ..	8	6	14
21. Motor vehicle accidents ..	3	-	3
22. All other accidents ..	1	-	1
23. Suicide .. .. ..	1	-	1
	<u>74</u>	<u>82</u>	<u>156</u>
Still births .. .. ..	1	2	3
Deaths of infants under 1 year of age ..	5	1	6
Deaths of infants under 4 weeks of age ..	4	-	4

BIRTHS. The number of live births assigned to this district was 263, compared with 291 in 1951. The rate per thousand of the population was 14.79. Applying the Registrar General's Area Comparability Factor for births (1.05) to this figure the Standardised Birth Rate obtained for this district - 15.52 - compares favourably with 15.3 for England and Wales, despite the considerable fall in the number of births from the previous year.

In this connection a point of interest is worthy of further consideration. According to the County Medical Officer of Health, during the year 1951 (figures for 1952 are not available for this report) out of a total of 280 births for the district only 105 or 38% took place at home, the other 175 occurring at Institutions of one kind or another. The average for domiciliary births for the entire county was 43%.

While it is reassuring to know that there are places able to deal with so large a proportion of the births which take place annually, one cannot help wondering whether or not too much emphasis is coming to be placed upon the absolute essentiality of such places for routine maternity work. Too much can never be done for abnormal cases, or for babies about to be born into difficult home circumstances, but with rising living standards generally and all the care and financial support that a State machine - the National Health Service - can provide, surely the number of abnormal pregnancies or associated conditions is not rising to so great a height that, literally, queues almost have to be formed to ensure admittance of future mothers to Maternity Hospital or Nursing Home. Further, however thoughtful and painstaking may be the staff of all such institutions they can never reproduce the same atmosphere which normally hovers closely around the birth of a baby at home, so that mother and baby may well start their co-existence less perfectly in harmony with each

other and with their common environment. Of course, such comments do not necessarily apply to Private Blocks and Nursing Homes as the amenities there can be of quite a different order - but then, so can be the cost.

STILL BIRTHS. The number of still births during 1952 was 3 (1 male and 2 females). The rates for the past five years are given in the following table (per 1,000 live and still births) that for 1952 being the lowest yet recorded and very satisfactory indeed when compared with 22.6 for England and Wales.

STILL BIRTH RATE.

<u>1947</u>	<u>1948</u>	<u>1949</u>	<u>1950</u>	<u>1951</u>	<u>1952</u>
11.69	41.9	11.45	15.09	27.49	11.27

ILLEGITIMATE BIRTHS. There were 7 illegitimate births assigned to the district during the year (2 males and 5 females), compared with 12 in 1951. Shown as a proportion of the total number of live births this represents 2.66 per cent.

MATERNAL MORTALITY. No deaths associated with pregnancy or childbirth were recorded during 1952.

INFANT MORTALITY. The number of infants who died before reaching their first birthday was six ( 5 males and 1 female).

DEATHS UNDER 1 YEAR PER 1,000 LIVE BIRTHS.

<u>1947</u>	<u>1948</u>	<u>1949</u>	<u>1950</u>	<u>1951</u>	<u>1952</u>
30	44	31	19	31	22.81

NEONATAL DEATH RATE. The number of infants who failed to survive for 4 weeks after birth was 4, all boys. This gives a rate per 1,000 live births of 15.20 or 1.52 per cent.

These deaths are included in the Infant Mortality Rate.

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES

LABORATORY SERVICE. Laboratory work in connection with the diagnosis and control of Infectious Diseases is carried out at the Emergency Public Health Laboratory in Northampton under Dr. Hoyle.

INFANT WELFARE CENTRES. The following Centres are held at the places and dates indicated. (During the year, an additional Infant Welfare Centre was opened at Spratton). Your Medical Officer of Health is in attendance in his capacity as Assistant County Medical Officer.

BRIXWORTH INFANT WELFARE -

3rd Friday each month at Village Hall.

WELFORD INFANT WELFARE -

4th Thursday each month at Village Hall.

BOUGHTON INFANT WELFARE -

2nd Wednesday each month at Boughton Institute.

MOULTON INFANT WELFARE -

1st Tuesday each month at Manfield Hall.

SPRATTON INFANT WELFARE -

4th Tuesday each month at Women's Institute.

AMBULANCE SERVICES. General medical and surgical cases are removed by the St. John Ambulance Brigade from Northampton, the Brigade acting as agents of the County Council under the arrangements made under Section 27 of the National Health Service Act, 1946. Infectious disease cases are also removed by the St. John Ambulance Brigade under the same arrangements.

NURSING IN THE HOME. The County Council became responsible for these duties as from 5th July, 1948.

ISOLATION HOSPITAL. Cases of Infectious Disease which require Isolation are treated at the Harborough Road Isolation Hospital, Northampton, which comes under the administration of the Oxford Regional Hospital Board.

## SECTION C.

### SANITARY CIRCUMSTANCES OF THE DISTRICT

#### WATER SUPPLIES.

All responsibility for water undertaking throughout the rural district is now vested in the Mid-Northants Water Board.

It is regretted that at the end of the year the question of liability for the maintenance of public wells had not been settled. Until agreement has been reached adequate control of certain supplies likely to be a danger to health cannot be guaranteed.

#### SEWERAGE AND SEWAGE DISPOSAL.

Throughout the year satisfactory progress continued to be made in the construction of new sewers and sewage disposal works in the following Parishes :- East Haddon, Moulton, Naseby, Walgrave and Welford.

Authority to commence sewage disposal schemes for the villages of Hannington, Holcot, Old and Scaldwell was received by the Council during the course of the year.

DISINFECTION. Concurrent and terminal disinfection by means of gaseous and liquid disinfectants is carried out in homes where certain infectious diseases are notified. In the course of the year, a number of requests for disinfection of premises were received and dealt with.

DISINFESTATION. This service is carried out on behalf of the Council at the request of owners or tenants of houses complaining of the presence of vermin. No such action was necessary during 1952. (This includes the eradication of bed bugs.)

## PREVENTION OF DAMAGE BY PESTS ACT, 1949

During the year the existing staff proved adequate to discharge the Council's responsibilities under the Act; no major rat infestations occurred on the Council's properties throughout the period under review.

MOVEABLE DWELLINGS. One licence was granted by the Council under the Public Health Act, 1936, Sec. 269.

REFUSE COLLECTION. Collection of household refuse is carried out fortnightly, by direct labour, throughout the District.

NATIONAL ASSISTANCE ACT, 1948. No certificate under Section 47 of this Act was submitted to the Council by the Medical Officer of Health.

### SECTION D.

#### H O U S I N G.

In my report for 1951 a scheme was described in detail whereby a Slum Clearance programme could be made to dovetail with the Housing Programme of any particular year, in order to provide houses for general needs and for re-housing purposes in a manner that would be both realistic and economically practicable. The original intention had been to ascertain the number of houses allocated to the Rural District for the year and to relate it to (a), the numbers probably required in connection with Slum Clearance and (b), those necessary to fulfil general needs. A study of the matter revealed, however, that it would be unsatisfactory to attempt to divide up the number allocated in an equitable manner without further investigation. Accordingly, a re-survey was planned on a village-to-village basis.

Making use of the findings in the Hobhouse Report of 1947 all houses placed then in Category V (unfit for human habitation and beyond repair at reasonable cost) were to be re-inspected, together with all other houses considered by this time to have reached the same low category. All such houses were then to be differentiated into one, or a combination of more than one, of six classes, designated by the letters A - F. Properties so assessed remained liable to statutory action by the Council but it was felt that, because the degree of unfitness varied greatly, it would be reasonable to take action on the worst ones first. Class D - those houses where it was considered that there was no alternative course to demolition - was taken into consideration principally when deciding on the number of houses likely to be required in Slum Clearance action.

With 39 Parishes to be surveyed, some being very extensive, e.g. Moulton, the scheme as outlined was pursued as vigorously as other duties would permit, and by the end of the year all but a few villages had been visited and assessed. In the meantime, in those Parishes where housing sites were most likely to become available reasonably quickly, and consequently the probable number of houses able to be erected could be calculated, a balance was struck between general needs and slum clearance and preparations made to commence the statutory action relative to the unfit houses recorded in the survey.

By virtue of the number of Category V houses to be dealt with, the varying nature of the individual problems certain to be met with in practice, the difficulties likely to be experienced by the Council in its search for suitable building sites, and the very fluid situation with regard to the allocation of

houses to the Rural District by the Ministry of Housing, it is clear that some considerable time must elapse before evidence of the practical value of this work is seen. Nevertheless, when the programme has been carried out as vigorously and as persistently as changing conditions allow, the final result should be a very welcome raising of the living standards of the district as a whole, against which any remaining properties of an insanitary nature should stand out, to be the more easily dealt with to the satisfaction of the Council.

## HOUSING STATISTICS

### 1. INSPECTIONS OF DWELLING HOUSES DURING THE YEAR:-

1. (a)	Number of dwelling houses inspected for defects under Public Health or Housing Acts	...   ...   ...   ...   ...	1242
(b)	Inspections made for the purpose		2164
2.	Number of dwelling houses found to be in a state dangerous or injurious to health as to be unfit for human habitation...		543
3.	Dwelling houses (exclusive of those under preceding sub-heading) not in all respects reasonably fit for habitation		174

### 2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT THE SERVICE OF FORMAL NOTICE :-

Number of houses rendered fit in consequence of action by Local Authority or Officers :-

Housing Act	...   ...   ...   ...   ...	Nil
Public Health Act	...   ...   ...   ...   ...	41

### 3. ACTION UNDER STATUTORY POWERS DURING THE YEAR:-

A. Proceedings under Sections 9, 10 and 16 Housing Act, 1936 :-

1. Dwelling houses in respect of which notices were served requiring repairs Nil

2. Dwelling houses rendered fit after service of Formal Notice :-

(a) By Owners ... ... ... Nil

(b) By Local Authority in default of owners ... ... ... Nil

B. Proceedings under Public Health Acts :-

1. Dwelling houses in respect of which notices were served requiring defects to be remedied ... ... ... Nil

2. Dwelling houses in which defects were remedied after service of formal notices :-

(a) By Owners ... ... ... Nil

(b) By Local Authority in default of Owners ... ... ... Nil

C. Proceedings under Sec. 11 and 13 of the Housing Act, 1936 :-

1. Dwelling Houses represented under Section 11 ... ... ... 25

2. Dwelling Houses, the subject of demolition orders ... ... 10

3. Dwelling Houses demolished ... 15

4. Dwelling Houses rendered fit by owner 4

5. Dwelling Houses where undertakings not to relet at end of present tenancy were accepted from the owner 21

D. Proceedings under Sections 25 and 26 of the Housing Act, 1936 :-

1. Number of houses dealt with under Section 25	...	...	...	...	10
2. Number of Clearance Orders made under Section 26	...	...	...	...	3
3. Number of families living in Clearance Areas	...	...	...	...	10
4. Number of houses demolished	...	...	...	...	24

SECTION E.

INSPECTION AND SUPERVISION OF FOOD.

MILK. As a result of the transfer in 1949 of the control of milk production on the farm to the Ministry of Agriculture and Fisheries and the placing of the licensing and supervision of pasteurising plants in the hands of the County Council, the District Council retains only the duty of controlling the distribution and sale of milk.

FOOD PREMISES. Food premises were inspected at frequent intervals throughout the year. No serious defects were found.

FOOD AND DRUGS ACT, 1938. - CLEAN FOOD.

The question of cleanliness in the retail distribution of food is of the utmost importance to the health of the general public and yet it is rare for any concerted effort to be made to answer it satisfactorily. Many foodsstuffs today are prepared, cooked, and packed under the most stringent Hygiene rules and regulations, often not being handled at all until they reach the store-rooms and display shelves of a retail shop. Thereafter they are at the mercy of shopkeepers and errand-boys.

Taken by and large the supervision of Food shops, together with the propaganda to which the Staffs are continually being subjected, have led to an improvement in the handling of food for sale to the public but certain very unsatisfactory features still remain to be corrected. These include the handling of cooked meats, e.g. Cooked ham, while serving; the extremely bad practice of serving portions of meat-pies, thus exposing the very vulnerable interior to contamination in the shop - a greater variation in size could be the answer to this problem; selling bread without wrapping it up in clean paper; measuring quantities of unwrapped sweets by hand; and the employment of young boys, usually having just left school, for the delivery of groceries, meat, and bread. While it is true that modern economic conditions and National Service at the age of 18 years more or less force shopkeepers to employ such labour, nevertheless they have a responsibility to instruct their youthful employees in the elementary principles of hygiene as applied to the handling of foodstuffs. Only by co-operation in an intelligent and selfless manner by all concerned will it be possible to prevent outbreaks of Food Poisoning or allied conditions occurring in future.

#### MEAT INSPECTION.

Owing to the fact that the slaughterhouses are situated in Northampton and Market Harborough and meat is sent out to the various butchers within the District, very little meat is now inspected. From time to time unsound meat is examined as it is reported to the Sanitary Inspector.

Special attention was paid to the method of delivering meat to the District during the year, and the general standard of cleanliness has shown some improvement.

SECTION F.

PREVALENCE OF, AND CONTROL OVER,  
INFECTIOUS AND OTHER DISEASES.

Notification of the following cases of infectious disease was received during the year. Period distribution tables are to be found at the end of the report.

Disease	M.	F.	Total	Rate per 1,000 population	
				Brixworth	England and Wales
Acute Primary					
Pneumonia	6	3	9	0.50	0.72
Measles	138	135	273	15.30	8.86
Scarlet Fever	12	10	22	1.23	1.53
Erysipelas	3	1	4	0.22	0.14
Whooping Cough	10	21	31	1.73	2.61
Acute Polio- myelitis (including polio- encephalitis)					
paralytic	-	-	-	0.00	0.06
non-paralytic	-	1	1	0.05	0.03
Dysentery	6	6	12	0.67	-
Food Poisoning	5	5	10	0.56	0.13
Paratyphoid	1	1	2	0.11	0.02
Total	181	183	364		

## SMALLPOX.

During the year no cases were notified. It would appear that the proportion of the population "at risk" is increasing year by year since it is no longer compulsory to have babies vaccinated, and figures supplied by the County Medical Officer of Health show a slight decrease compared with the total for 1951.

While vaccination against Smallpox is normally available to all by notifying their own doctors I am of the opinion that it would be of real value to the community as a whole were vaccination of infants carried out at Child Welfare Centres. Experience has shown that a very considerable number of parents fail to have their children vaccinated because either they have had no advice or information concerning the procedure and its purpose, or the times of surgeries held by General Practitioners are not convenient for them to attend with babies. Neither of these two problems arises when mothers attend a Welfare Centre and it is therefore hoped that 1953 will see the commencement of a vaccination service at the clinics held throughout the rural district. It is recommended that babies are vaccinated around the age of four months when risk of complications is minimal.

### NUMBER OF CHILDREN VACCINATED IN 1952.

	<u>Under 1 year</u>	<u>1-4</u>	<u>5-14</u>	<u>15 or over</u>	<u>Total</u>
Primary	104	38	23	9	178
Re-vaccination	-	-	4	34	38

SCARLET FEVER. Twenty two cases were reported during the year, compared with 30 in 1951, infection being of a mild type generally. Terminal disinfection was carried out where required.

DIPHTHERIA. No cases were notified during the year and none has been reported in the district since 1947 when only one case occurred.

NUMBER OF CHILDREN IMMUNISED  
DURING THE YEAR 1952.

Under 1 year	1-4	5-9	10-14	Total	Booster
35	203	6	-	244	163

The figures given in this table include immunisations carried out by the Medical Officer at Sulby Camp.

WHOOPING COUGH VACCINATIONS 1952.

	Under 1 year	1-4	5-14	Total
Whooping Cough only	1	30	11	42
Combined whooping cough/diphtheria	8	136	1	145

N.B. The figures for combined immunisations are included in those given in the Table for Diphtheria Immunisations above.

NUMBER OF CHILDREN HAVING COMPLETED A  
FULL COURSE OF IMMUNISATIONS AT ANY  
TIME UP TO 31st DECEMBER, 1952.

Age at 31.12.52. (born 1952)	under 1 under	2 & under	3 & under	4 & under	5 & under	10 & under	under 15
Number	8	183	389	593	815	1882	2809

Immunisation is carried out at all Infant Welfare Centres in the District, and also at sessions of school medical inspection when required.

Application for immunisation can be made to the County Council Health Visitor or arrangements can be made with general medical practitioners under the National Health Service Act, 1946.

MEASLES. 273 cases were reported during the year, compared with 186 in 1951. This unusually high incidence first became evident in November when 78 cases were notified. These were followed by a further 184 in December. This pandemic of Measles swept the entire country, affecting the Borough of Northampton extensively before spreading to the adjacent rural districts. The peak had not been reached in Brixworth Rural District by the end of the year. As the nature of the infection was only of moderate severity there was no indication that any drastic measures were called for, such as having schools closed.

WHOOPING COUGH. 31 cases were notified compared with 78 in 1951. There were no deaths.

ACUTE POLIOMYELITIS. Only one case was notified, during the year.

TUBERCULOSIS.

	Males		Females	
	Pul.	Non.Pul.	Pul.	Non.Pul.
Cases on Register at 31.12.51.	26	14	16	4
Number of cases notified during the year ...	5	-	2	1
Number of cases restored during the year ...	-	-	-	-
Inward Transfers	3	-	3	-
Cases removed	11	4	1	-
Cases on Register at 31.12.52.	23	10	20	5

No action was found to be necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, in connection with persons suffering from pulmonary tuberculosis employed in the milk trade, or under Section 172 of the Public Health Act, 1936, which deals with the compulsory removal to hospital of persons suffering from tuberculosis.

# T U B E R C U L O S I S

## AGE AND SEX DISTRIBUTION OF NEW CASES AND DEATHS, 1952.

T A B L E I.

Age Groups	New Cases				Deaths			
	Pulmonary		Other		Pulmonary		Other	
	M	F	M	F	M	F	M	F
0- .....	-	-	-	-	-	-	-	-
1- .....	-	-	-	-	-	-	-	-
5- .....	-	1	-	-	-	-	-	-
15- .....	1	1	-	1	-	-	-	-
20- .....	2	2	-	-	-	-	-	-
25- .....	1	1	-	-	-	-	-	-
35- .....	4	-	-	-	1	-	-	-
45- .....	-	1	-	-	-	-	-	-
55- .....	-	-	-	-	-	-	-	-
65 and over	-	1	-	-	1	-	-	-
Age Unknown	-	-	-	-	-	-	-	-
Total ..	8	7	-	1	2	-	-	-

SECTION G.

F A C T O R I E S     A C T ,     1937.

PRESCRIBED PARTICULARS ON THE ADMINISTRATION  
OF THE FACTORIES ACT, 1937, FOR THE YEAR 1952.

CLASSIFIED LIST OF REGISTERED FACTORIES  
AS AT 31ST DECEMBER, 1952.

	Power	Non-Power
1. Food manufacture .....	10	4
2. Wearing Apparel :-		
(a) Boots and Shoes .....	2	-
(b) Outfitting .....	-	1
3. Carpentry, Joinery & Sawmills	14	5
4. Garages, Repair Shops and Engineers ...	11	5
5. Laundries .....	3	-
6. Monumental Masons .....	-	1
7. Gas Works .....	-	3
8. Plumbers .....	-	2
Total .....	40	21

PART I OF THE ACT.

1. INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH.

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,2, 3, 4 and 6 are to be enforced by Local Authorities	21	6	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	40	4	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	-	-	-	-
	61	10	-	-

2. CASES IN WHICH DEFECTS WERE FOUND.

Particulars	No. of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspec.	by H.M. Inspec.	
Want of cleanliness (S.1) .....	-	-	-	-	-
Overcrowding (S.2) .....	-	-	-	-	-
Unreasonable temperature (S.3) .....	-	-	-	-	-
Inadequate ventilation (S.4) .....	-	-	-	-	-
Ineffective drainage of floors (S.6) .....	-	-	-	-	-
Sanitary conveniences (S.7) :-					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork) .....	-	-	-	-	-
Total ....	-	-	-	-	-

PART VIII. OF THE ACT - OUTWORK.

	Section 110			Section 111		
Nature of Work	No. of out-workers in August list required by Sec. 110(i) (c)	No. of cases of default in sending list to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Making Wearing Apparel	20	-	-	-	-	-
Total	20	-	-	-	-	-

SUMMARY OF  
SANITARY INSPECTOR'S INSPECTIONS

Housing	...	...	...	...	...	...	...	2164
Butcher's Shops	...	...	...	...	...	...	...	31
Bakehouses	...	...	...	...	...	...	...	3
Shops	...	...	...	...	...	...	...	34
Factories and Workshops	...	...	...	...	...	...	...	7
Water Supplies	...	...	...	...	...	...	...	33
Infectious Diseases	...	...	...	...	...	...	...	90
Vermicious Premises	...	...	...	...	...	...	...	6
Defective Drainage	...	...	...	...	...	...	...	111
Defective Premises	...	...	...	...	...	...	...	172
Pests Destruction	...	...	...	...	...	...	...	44
Tents, Vans and Sheds	...	...	...	...	...	...	...	10
								<u>2705</u>

NOTICES SERVED :-

Informal - Section 92, Public Health Act, 1936				
Statutory	"	"	"	Nil

MONTHLY INCIDENCE OF NOTIFIABLE DISEASES

(Other than Tuberculosis)

TABLE II.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Scarlet Fever	2	4	1	2	1	2	-	-	-	4	2	-	22
Whooping Cough	6	2	-	7	4	1	-	3	7	-	1	-	31
Pneumonia	3	2	1	-	-	-	-	-	1	-	1	1	9
Measles	4	1	1	-	2	1	1	-	-	1	78	184	273
Food Poisoning	9	-	1	-	-	-	-	-	-	-	-	-	10
Dysentery	6	4	-	-	-	-	-	-	-	-	1	-	12
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	1
Erysipelas	-	-	-	-	-	-	-	-	-	1	1	2	4
Paratyphoid	-	-	-	-	-	-	-	2	-	-	-	-	2
Totals	30	13	7	8	8	5	5	3	8	6	84	187	364





